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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	13078
Facility Name:	Kaiser Foundation Hospital - Anaheim
Address:	441 Lakeview Ave.
City:	Anaheim
Hospital Owner/Lice	censee: Kaiser Foundation Hospitals/06000009
Year of Rep	porting: 2010
Contact 1 e-mail Ac	ddress:
Contact 2 e-mail Ac	ddress:
Contact 3 e-mail Add	ldress::
Name of Sub	omitter: Scott Wendling
Submission	n Date: 1/25/2011 3:00:00 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	A 14		Building Resolution	Final SPC Rating	g Extension Date	Anticipated Completion Date
01	Hospital Tower	441 Lakeview Ave.	Replace	SPC5	01/01/2013	01/01/2013
02	Ancillary Building 1	441 Lakeview Ave.	Replace	SPC5	01/01/2013	01/01/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Hospital Tower	Retrofit/Replacement Project:	Yes-Submitted
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Approved Proj. Start Proj. Comp in Date Date Dat	
18178 IL080372	0 PPR REPLACEMENT HOSPITAL B417116- 0230-151-0095	02/27/2008 09/01/2002 07/11/2	012 OPEN No
Building No: 02	Ancillary Building 1	Retrofit/Replacement Project:	Yes-Submitted
Building No: 02 Facility Project Sub Number Number Num	Ancillary Building 1 Scope		Dileted Status CEQA

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Hospital Tower								
Туре	e of Service Prov	ided						
X	Nursing	Inpatient Beds	117 Inpatient 18836 Days	X Surgical	X Obstetrical Recovery			
X	IntensiveCare	Inpatient Beds	36 Inpatient Days 4547	X Anesthesia	X Newborn/ WellBaby			
X	Pediatric/Adol escent	Inpatient Beds	11 Inpatient Days 1335	Clinical Lab	X Emergency			
	Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
X	Obstetrical Ante/Postprtum	Inpatient Beds	36 Inpatient Days 2896	X Pharmaceutical X Dietetic	X Rehabilitation Therapy			
	Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	X Renal DialysisX Outpatient			
	Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services X Obstetrical	Surgery			
			Total Beds this Building	Cesarean/Deliv	X Central Plant			

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Ancillary Building 1		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical Cesarean/Deliv	Outpatient Surgery
		Building	Gesalean/Denv	Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Hosp	oital Tower		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 117 Bed	Inpatient 1883 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 36 Bed	Inpatient 2896 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 11 Bed	Inpatient 1335 Days	Inpatient 14 Bed	Inpatient 2202 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 12 Bed	Inpatient 1279 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 10 Bed	Inpatient 1066 Days	Inpatient 0 Bed	Inpatient 0 Days	200	200

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02	Building Name:	Ancillary Building 1		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric	intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 0 Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care	Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Inpatient 0 Bed Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care	Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Inpatient 0 Bed Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Hospital Tower	
02	Ancillary Building 1	
03	Ancillary Bldg 2 - Material Mgmt	
04	Ancillary Building 3 - PTOT Wing	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Bu	uilding Name:	Но	ospital Tower					
Type of Service Provided									
		X		Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing	X		Anesthesia					
X	IntensiveCare		_		X	Obstetrical Recovery	X	Renal Dialysis	
	Pediatric/Adol			Clinical Lab		·	✓	Outpatient	
X	escent			Radiological/	X	Newborn/ WellBaby	X	Surgery	
	Psychiatric Nursing			Imaging		F			
	_	<u> </u>		Pharmaceutical	X	Emergency	X	Central Plant	
X	Obstetrical Ante/Postprtum	X		Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate Care	X		Administration					
	Skilled Nursing								

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				_		

Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Ancillary Building 1							
Type of Service Provided										
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
	Nursing	l r	Anesthesia							
	IntensiveCare	_ l _	_	Obstetrical Recovery		Renal Dialysis				
	Pediatric/Ado	ı <u>[</u>	Clinical Lab			Outpatient				
	escent Psychiatric		Radiological/ Imaging	Newborn/ WellBaby		Surgery				
	Nursing		Pharmaceutical	Emergency		Central Plant				
	Obstetrical Ante/Postprtu	ım [Dietetic	X Nuclear Medicine		Support Services				
	Intermediate Care		Administration							
	Skilled Nursin	ng								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	: 01	Building Na	me: Hospital Tower						
Configuration .	Replace with new	SPC 5 and N	SPC 5 and NPC 4 or NPC 5 building						
Type of Servi	ce Provided								
X 1	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X I	ntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis		
1 1	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery		
1,,, 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency	X	Central Plant		
	ntermediate Care	X	Dietetic				0 1		
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services		

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Na	me: Ancillary Buildir	ng 1			
Configuration : Replace with new SPC 5 and NPC 4 or NPC 5 building							
Type of Service Provided							
N	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent	X	Clinical Lab		Recovery		
	sychiatric lursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
_	Obstetrical nte/Postprtum		Pharmaceutical		-		Octobel Blood
	ntermediate		Dietetic		Emergency		Central Plant
	care			X	Nuclear Medicine		Support Services
s	killed Nursing		Administration				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 03 Building Name: Ancillary Bldg 2 - Material Mgmt							
Configuration : Replace with new SPC 5 and NPC 4 or NPC 5 building							
Type of Service Provided							
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric ursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	bstetrical nte/Postprtum		Pharmaceutical		Emorgonov		Central Plant
	ntermediate		Dietetic		Emergency		Central Flam
	are				Nuclear Medicine	X	Support Services
S	killed Nursing		Administration				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Ancillary Building	3 - PTO	ΓWing		
Configuration Replace with new SPC 5 and NPC 4 or NPC 5 building							
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
lı	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
lı	ntermediate		Dietetic		Linergency		Contrain land
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 03								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Numbe								
Type of Service Provided								
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
Intensive	Care Inpatient Beds	0		Anesthesia				
Pediatric, escent	'Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiati Nursing	ic Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetric Ante/Pos		0		Pharmaceutical	Emergency	Central Plant		
Intermed Care	iate Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
Skilled N	ursing Inpatient Beds	0		Administration				
Total Bed Building	ds this	0						

Report Status: **Data Last Update:** 01/07/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	3 Build	ing Name: Ancil	llary Bldg 2 - Material Mgr	mt		
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	4 Build	ing Name: Anc	illary Building 3 - PTOT W	/ing	
Medical / Surgical (Inc	lude GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0